



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Leonard I. Zon and Adriana Donovan

Application No.: 09/715,927

Group: 1647

Filed: November 17, 2000

Examiner: S.L. Wegert

Confirmation No.: 6132

For: FERROPORTIN1 NUCLEIC ACIDS AND PROTEINS

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450	
on <u>7-25-03</u>	<u>Jean A. White</u>
Date	Signature
<u>Jean A. White</u>	
Typed or printed name of person signing certificate	

RECEIVED
JUL 30 2003
TECH CENTER 1600/2900

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

[X] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

[] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)		(COL. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	74	MINUS	* 133	0
INDEP	61	MINUS	** 103	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY	
RATE	ADDIT. FEE
X \$ 9	\$ 0
X \$42	\$ 0
+ \$140	\$

OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE
X \$18	\$
X \$84	\$
+ \$280	\$

OR

* not fewer than 20
** not fewer than 3

TOTAL = \$ 0

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input checked="" type="checkbox"/>	Other Fees:		
	Request for Continued Examination (RCE)	\$	<u>375</u>
	_____	\$	_____
	TOTAL:	\$	<u>375</u>

☒ A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Carol A. Egner
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Concord, Massachusetts 01742-9133

Dated: July 25, 2003